

**Amendments to the Specification:**

Amend the specification to include the following sections:

Please add the following new paragraphs after the paragraph ending on line 10 of page 6.

Fig. 6A depicts a longitudinal cross section of a standard introducer of the prior art.  
Figure 6B depicts a detailed longitudinal cross section of the encircled portion of  
Figure 6A.

Please amend the paragraph beginning on line 27 of page 7 as follows:

An exemplary method for generally deploying three-part device 9 or four-part device 19 into the configurations shown in Figs. 1B and 2B, is depicted in the flowcharts shown in Figs. 3A and 3B. First, as noted in step 300, bifurcated segment 10 is deployed by standard deployment procedures known in the art. The deployment is typically carried out from a vascular access site, such as a femoral artery, for deployment in a distal location such as the aorta. The access site may be percutaneously or surgically accessed, for example by surgically exposing it and puncturing it with an 18-gauge needle, as is known in the art. The standard deployment technique used in step 300 typically comprises a deployment technique that uses a standard introducer known in the art to deploy the distal end of the device first, because the distal end placement is the more critical end for placement accuracy for bifurcated segment 10. Then, in step 310, any leg connector segments, such as segment 30, are deployed also using standard, preferably distal-end-first, deployment techniques known in the art. Finally, in step 320, first and second leg segments 18 and 20, respectively, are deployed using a reverse deployment method. A general reverse deployment method is described below. This method is an exemplary one of the more specifically detailed methods described in an application titled "METHOD AND APPARATUS FOR DEPLOYMENT OF AN ENDOLUMINAL DEVICE," by Haverkost et al., Ratner & Prestia docket number BSI-486US, U.S. Patent Application Serial Number 10/081,641, filed on the same day as this application, and assigned to the common assignee of this invention, incorporated herein by reference. Other reverse deployment methods may also be used, however, such as but not

limited to the method described in the patent application titled "APPARATUS AND METHOD FOR DEPLOYMENT OF AN ENDOLUMINAL DEVICE," by Johnson et al., Ratner & Prestia docket number BSI-498US, U.S. Patent Application Serial Number 10/081,636, filed on the same day as this application, and assigned to the common assignee of this application, also incorporated herein by reference.

Please add the following two (2) new paragraphs after the paragraph ending on line 24 of page 11.

Referring now to a typical prior art introducer as seen in Figs. 6A and 6B, there is shown a standard pre-loaded delivery system 610 comprising an outer sheath 612, a compressed endoluminal device 614 loaded therein, and a conventional stabilizer 616 loaded adjacent to the proximal end 617 of the endoluminal device. A standard deployment technique comprises maneuvering the introducer to a desired deployment location and retracting outer sheath 612 so that the endoluminal device is deployed beginning at its distal end and ending at its proximal end. Stabilizer 616 stabilizes or prevent retraction of endoluminal device 614 when sheath 612 is retracted, thus effecting deployment of the device into a desired location by forcing relative movement between the sheath and the device.

Delivery system 610 also may comprise a catheter tip 620 at its distal end attached to an internal shaft 623 that runs through the delivery system through inner lumen 622 in stabilizer 616, as shown in Fig. 6A. A stabilizer handle 626 is typically located at the proximal end of stabilizer 616, outside the body lumen. Internal shaft 623 may guide the delivery system through the body lumen over a guidewire (not shown) to the area to be repaired, or may be adapted for inflating a balloon (if applicable), and/or for flushing the system.

Please amend the paragraph beginning on line 25 of page 11 as follows:

Other apparatus and methods for reverse deployment are described and shown in more detail in ~~the BSI-486US and BSI-498US Applications U.S. Patent Application Serial Number 10/081,641 and U.S. Patent Application Serial Number 10/081,636~~, all of which are incorporated by reference. Any of these methods, or any other methods known in the art for deployment of a device in an iliac artery by deploying the end farthest from the heart first, may be used. Furthermore, although described herein by example with respect to deployment of an AAA device, the method of this invention is not limited to deployments in a particular vascular locations, nor even to vascular applications. The method of this invention may be used for deployment of any type of multi-part endoluminal device, such as but not limited to a stent, graft, or combination thereof, in any type of body lumen.